

Case Number:	CM14-0155601		
Date Assigned:	09/25/2014	Date of Injury:	03/13/2010
Decision Date:	10/27/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49-year-old female who injured her left knee on March 13, 2010. While pushing an EKG machine she felt a pop in her left knee. On June 10 of 2013 she underwent a left knee arthroscopy and was found to have a complex medial meniscal tear and severe, end-stage osteoarthritis. She has been maintained on several kinds of high-dose opioids and continues to have pain in the 10/10 range. As of July 8, 2014 which is the last note available for review, the injured worker was taking 40 mg of hydrocodone daily, 90 mg of MS Contin daily, and 30 mg of Percocet daily. This equates to a rough morphine equivalency of 160 mg of morphine a day. Her physical exam reveals tenderness to palpation of the medial aspect of the knee, diminished range of motion of the left knee with crepitus, bilateral lower extremity swelling, and a normal lower extremity neurologic exam. The request for authorization submitted is for hydromorphone 4 mg twice daily for one month. It is also noted that the injured worker also utilizes Celebrex and a topical cream for pain relief. It has been recommended that the injured worker have a total knee replacement but that currently her morbid obesity is a relative contraindication to that surgery.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hydromorphon tab 4mg day supply:30 qty:60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Guidelines for Opioids and Opioids for Osteoarthritis, Page(s): 82 and 83..

Decision rationale: Opioid medication is not recommended as a first-line therapy for osteoarthritis. They may be recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. They are also recommended for a trial if there is evidence of contraindications for use of first-line medications. Weak opioids should be considered at initiation of treatment with this class of drugs (such as Tramadol, Tramadol/acetaminophen, hydrocodone and codeine), and stronger opioids are only recommended for treatment of severe pain under exceptional circumstances (oxycodone, oxycodone, hydromorphone, fentanyl, morphine sulfate). In this instance, there certainly has been an adequate trial of opioids. The injured worker has not responded to exceptionally high doses of opioids and is not likely to respond to the addition of hydromorphone. The injured worker would certainly seem to have had an adequate titration phase of her opioid therapy with no meaningful response. The guidelines suggest that opioids be discontinued in this circumstance. Therefore, the addition of Hydromorphon tab 4mg day supply:30 qty:60 is not medically necessary.